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APPLICANTS

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** CONTINUING DATA ***** *M/W* *MW*** FOREIGN APPLICATIONS ***** *N/A* *MW***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 10/29/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS <i>20/22</i>	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	<i>M/JW/TJL</i> <i>MW</i> Examiner's Signature Initials				

ADDRESS

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TITLE

Fluid chuck device and method

FILING FEE RECEIVED 850	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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